

**County of San Bernardino
Department of Behavioral Health**

Beneficiary Grievance and Appeal Procedure

Effective Date

4/98

Revision Date

5/10/07



Allan Rawland, Director

Purpose

To describe the beneficiary grievance, appeal and State Fair Hearing procedures for outpatient clinics, inpatient units and fee for service providers

**Grievance
Procedure**

The following table describes the procedure when a beneficiary files a grievance:

Step	Action
1	<p>The beneficiary has the <i>option</i> to contact the provider, the Access Unit or complete a Grievance form when filing a grievance. http://countyline/dbh/state_informing.htm.</p> <p>Note: This grievance may be filed in writing or orally and the beneficiary will have a reasonable opportunity to present evidence, and allegations of fact or law, in person as well as in writing.</p>
2	<p>The Access Unit records the grievance in a log within one working day of the date of the receipt of the grievance.</p>
3	<p>The Access Unit sends an acknowledgement letter to the beneficiary along with a copy of the State Informing pages related to grievances, appeals, and State Fair Hearing.</p>
4	<p>The Access Unit sends a resolution letter to the beneficiary</p> <p>Note: The Access Unit has sixty (60) calendar days to resolve a grievance. However, the timeframe may be extended by an additional fourteen (14) calendar days, based upon specific circumstances, which affect the grievance.</p>
5	<p>Grievances are tracked by the Access unit and summaries are sent to the Quality Improvement Coordinator after a resolution letter is sent</p>

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Appeal

Appeals are filed when a consumer is dissatisfied after receipt of a Notice of Action which does the following:

- Denies or limits authorization of a requested service, including the type or level of service
- Reduces, suspends, or terminates a previously authorized service
- Denies, in whole or in part, payment for a service
- Fails to provide services in a timely manner, as determined by the MHP
- Fails to act within the timeframes for disposition of standard grievances, the resolution of standard appeals, or the resolution of expedited appeals

Appeal Procedure

The following table describes the procedure when a consumer files an appeal:

Step	Action				
1	<div>The consumer completes an Action Appeal Form and forwards it to the Access Unit, or makes an appeal to the Access Unit orally, or both.</div> <table><tr><th>If...</th><th>Then...</th></tr><tr><td>Completed orally</td><td>It must be followed up in writing to the Access Unit within 45 days Note: The oral appeal will establish the earliest possible filing date.</td></tr></table>	If...	Then...	Completed orally	It must be followed up in writing to the Access Unit within 45 days Note: The oral appeal will establish the earliest possible filing date.
If...	Then...				
Completed orally	It must be followed up in writing to the Access Unit within 45 days Note: The oral appeal will establish the earliest possible filing date.				
2	The Access Unit records the appeal in a log within one (1) working day of the date the appeal is received.				
3	The Access Unit sends an acknowledgement letter of receipt to the consumer				
4	The Access Unit maintains and tracks the appeals				
5	<div>Following resolution, the Access Unit sends a resolution letter to the consumer</div> Note: A written decision, which is mailed to the beneficiary, is required of the Access Unit within 45 calendar days from the date of receipt of the written/oral form of the appeal.				
6	The Access Unit notifies those providers cited by the beneficiary or otherwise involved in the grievance or appeal of the final disposition of the beneficiary's grievance or appeal in writing or orally.				

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Appropriate Clinical Expertise

Staff who has the appropriate clinical expertise in treating the beneficiary's condition or disease is responsible for making decisions in the following situations:

1. Appeals based on lack of medical necessity
 2. Grievances regarding denial of expedited resolution of an appeal, and
 3. Grievances/appeals that involve clinical issues
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Expedited Appeals

Expedited Appeals can be requested if the time for the standard resolution could seriously jeopardize the consumer's life, health or ability to function.

Expedited Appeals must be resolved within State established timeframes.

Note: The timeframes should be within three (3) working days, but may be extended for up to 14 calendar days if requested by the beneficiary and when the delay is for additional information and in the beneficiary's best interest. Unless the beneficiary requested the extension, the MHP is required to provide the reason for the extension in writing to the beneficiary.

Note: The Access Unit notifies both beneficiaries and those providers cited by the beneficiary or otherwise involved in the grievance or appeal of the final disposition of the beneficiary's grievance or appeal in writing or orally.

State Fair Hearing

Consumers who have completed the grievance and/or appeal process may then request a State Fair Hearing within ninety (90) days of receipt of Notice of Action.

Note: The consumer may also be eligible to continue receiving services pending the outcome of the hearing, if the request is made within ten (10) days of receipt of the Notice of Action.

The following table describes the procedure when a beneficiary files a State Fair Hearing:

Step	Action
1	The Access Unit attempts to resolve matters prior to the State Fair Hearing and if necessary prepares a position paper which is sent to the Medi-Cal Field Office. A copy is sent to the Consumer sufficiently in advance of the hearing so that he/she may review it and prepare for the hearing.
2	The "Fair Hearing Tracking Log" will be maintained by the Access Unit to monitor the progress and resolution of each request for a Fair Hearing.

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3	<p>The Access Unit sends a MHP representative to the hearing.</p> <p>Note: The Access Unit is responsible for coordination with the State Department of Social Service, the State Department of Mental Health, providers and beneficiaries regarding the Fair Hearing process.</p>
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**Authorized
Representative**

At any time during the grievance, appeal, or State Fair Hearing process, the consumer may authorize a person to act on his or her behalf, to use the grievance/resolution process on his or her behalf, or to assist him or her with the process.

Note: The beneficiary and his/her representative will have an opportunity, before and during the appeals process, to examine the beneficiary's case file, including medical records, and any other documents and records considered during the appeals process.

Contact

At any time during the grievance and appeal process, the Consumer may contact the Access Unit at (888) 743-1478 or the Patients' Rights Office at (800) 440-2391 for assistance.

State Fair Hearings are requested by calling or writing to:

State Hearing Division California Department of Social Services
P.O. Box 944243
Mail Station 19-37
Sacramento, CA 94244-2430

(800) 952-5253
TDD – (800) 952-8349
